

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden hours

per response. . . 16.00

FORM D

NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)					
Reverse Merger					
Filing under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE					
Type of Filing: [X] New Filing [] Amendment					
A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the issuer					
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)					
SimplaGene USA, Inc.					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
500 Bi-County Boulevard, Suite 400, Farmingdale, New York 11753 (631) 694-1111					
Address of Principal Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices)					
Brief Description of Business PROCESSE					
	···OOEOOED				
Type of Business Organization	ALIC A A ACCA				
[X] corporation [] limited partnership, already formed [] other (limited liability company) AUG 0 2 2					
[] business trust [] limited partnership, to be formed	THOMSON				
Month Year	ctual [] Estimated FINANCIAL				
Actual or Estimated Date of Incorporation or Organization: 08 2002 [X] Actual or Estimated Date of Incorporation or Organization:	ctual [] Estimated				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
CN for Canada; FN for other foreign jurisdiction) [NV]					

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any charges thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of a available state exemption unless such exemption is predicated on the filing of a federal notice.



`2. Enter the information requested for the following:						
 Each promoter of the issuer, if the issuer has been organized within the past five years; 						
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the						
issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and						
• Each general and managing partner of partnership issuers.						
Check Box(es) that Apply:						
[X] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner						
Full Name (Last name first, if individual)						
Laughlin, Craig S.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
11000 Words Daylord Crits 100 Harling Minnessta 55705						
11900 Wayzata Boulevard, Suite 100, Hopkins, Minnesota 55305 Check Box(es) that Apply:						
[] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner						
Full Name (Last name first, if individual)						
Roman, Paul A.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
500 Bi-County Boulevard, Suite 400, Farmingdale, New York 11753						
Check Box(es) that Apply:						
[] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner						
Full Name (Last name first, if individual)						
Tail Paine (Dast halle 1115; If marriada)						
McNeill, Thomas						
Business or Residence Address (Number and Street, City, State, Zip Code)						
500 Bi-County Boulevard, Suite 400, Farmingdale, New York 11753						
Check Box(es) that Apply:						
[] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner						
Full Name (Last name first, if individual)						
• • • • • • • • • • • • • • • • • • •						
Gray, Richard						
Business or Residence Address (Number and Street, City, State, Zip Code)						
500 Bi-County Boulevard, Suite 400, Farmingdale, New York 11753						
Check Box(es) that Apply:						
[] Promoter						
[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual)						
[] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual)						
Full Name (Last name first, if individual)						
Full Name (Last name first, if individual)						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)						
Full Name (Last name first, if individual)						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual)						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner						
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual)						

B. INFORMATION ABOUT OFFERING							
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this							
offering?							
2. What is the minimum investment that will be accepted from any individual?	<u> </u>						
2. Describe offering name is joint assessment in of a single							
3. Does the offering permit joint ownership of a single unit?	o						
4. Enter the information requested for each person who has been or will be paid or give, directly, any commission or similar remuneration							
for solicitation of purchasers in connection with sales of securities in this offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to							
be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	-						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)	_						
Business of Residence Address (Number and Street, City, State, 21p Code)							
Name of Associated Broker or Dealer							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States"	:S						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]							
[IL]							
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]							
Full Name (Last name first, if individual)							
Tuis Panie (East haine 113t, if hidividual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Name of Associated Broker or Dealer							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States"	78						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]							
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]							
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]							

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is none or "zero". If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Already Type of Security Price Sold Debt..... Equity..... [X] Common Preferred Convertible Securities (including warrants). Partnership Interests. Other. Membership Interests.... Answer also in Appendix, Column 3 if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Number Dollar Amount of of Investors **Purchases** Accredited Investors. 10 Non-Accredited Investors. Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Type of Amount Type of Offering Security Sold Rule 505..... Regulation A.... Rule 504 Total 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expense of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. [] Printing and Engraving Costs. [] Legal Fees. 80,000 [] Accounting Fees. 40,000 Engineering Fees. []

\$200,000**

\$ 322,110

2,110

[]

[]

[]

[]

Sales Commissions (specify finders' fees separately).....

Placement Agent Non-Accountable Expense Allowance

Other Expenses (Blue sky, filing fees).....

Total.....

4.b. Enter the difference between the aggregate offering pri total expenses furnished in response to Part C-Question 4.a to the issuer"	. This difference is the "adjusted gross procee			\$ *		
5. Indicate below the amount of the adjusted gross proceeds the purposes shown. If the amount for any purpose is not known left of the estimate. The total of the payments listed must equin response to Part C-Question 4.b above.	nown, furnish an estimate and check the box to	the				
			Payments to Officers Directors and Affiliates	Payments to Other		
Salaries and fees			\$ - \$ -	<u>\$</u> -		
Purchase, rental or leasing and installation of machinery and			\$ -	\$ -		
Construction or leasing of plant buildings and facilities		[]	\$ -	\$ - \$ -		
Acquisition of other businesses (including the value of section of other businesses)		LJ	-	-		
used in exchange for the assets of securities of another issue		[]	<u>\$</u> -	<u>\$ * </u>		
Working Capital		[]	\$ -	\$ - \$ -		
Other (specify)		[]	<u>\$ -</u>	<u>\$</u>		
Column Totals		[]	<u>\$</u> -	* *		
The issuer has duly caused this notice to be signed by the u following signature constitutes an undertaking by the issue request of its staff, the information furnished by the issuer t	er to furnish to the U.S. Securities and Exchar to any non-accredited investor pursuant to para	ige Co	ommission, (b)(2) of R	upon written ule 502.		
Issuer (Print or Type) SimplaGene USA, Inc.	Signature Romes Inshell		Date July25	, 2006		
Name of Signer (Print or Type) Thomas McNeill	Title of Signer (Print or Type) Vice President and Chief Financial Officer	r	•	•		
*The Issuer will not receive any proceeds in connection per share, was issued in connection with the merger of into New Colorado Prime Holdings, Inc. ("NCPH"). subsidiary of the Issuer and (ii) the prior stockholders	SMPG Merger Co., a wholly owned subsited As a result of the reverse merger (i) NCI	diary PH be	of the Issu came a wh	er, with and		
**Finders and advisory fees.						
ATTENTION						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)